Interstate Common Line Support (ICLS) 2012-2013

To: Office of Secretary Federal Communications Commission 445 - 12th Street, SW Washington, DC 20554 Karen Majcher Vice President - High Cost and Low Income Division Universal Service Administrative Company 2000 L Street, NW, Suite 200 Washington, DC 20036 Hccerts@usac.org Re: CC Docket No. 96-45 Interstate Common Line Support - ICLS Annual Certification Filing This is to certify that	Date	June 27,2012		CS			
Vice President - High Cost and Low Income Division Universal Service Administrative Company 2000 L Street, NW, Suite 200 Washington, DC 20036 Hccerts@usac.org Re: CC Docket No. 96-45 Interstate Common Line Support - ICLS Annual Certification Filling This is to certify that Bush-Tell, Inc. will use its INTERSTATE COMMON LINE SUPPORT - ICLS only for the provision, maintenance and upgrading of facilities and services for which the support is intended. I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code) ICLS Company Name State Study Area Code Bush-Tell, Inc. Alaska 613004 (If necessary, attach a separate list of additional study areas and check this box.) Signed, W. Douglas DeVore [Printed Name of Authorized Representative] V. P. / Asst. Gen. Mgr. [Title of Authorized Representative] Carrier's Name: Carrier's Name: Carrier's Address: Date Received (For official use only)	То:	Federal Communications Commission 445 - 12th Street, SW					
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FCC Form 508 Interstate Common Line Support Mechanism Projected Annual Common Line Revenue Requirement Form

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 508 ON THE CARRIER'S BEHALF:

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Certification of Officer or Employee to Mechanism Projected Annual Co	o Authorize an Agent to File FCC Form mmon Line Revenue Requirement Fo		
I certify that <u>National Exchange Carrier A</u> FCC Form 508 on behalf of the reporting carresponsibilities include ensuring the accuratinformation provided to the authorized agent projected annual common line revenue requ	rier. I also certify that I am an officer or em cy of the Interstate Common Line Support I t; and, to the best of my knowledge, the Inte	ployee of the reportin Mechanism projected erstate Common Line	g carrier; my revenue requirement Support Mechanism
Name of Authorized Agent National Exchange Carrier A	ssociation, Inc.		
Name of Reporting Carner Bush-Tell, I	nc.		
Signature of authorized officer or employee W. Z	Date 06-27-2012		
Printed name of authorized officer or employee W •	O Douglas DeVore		
Title or position of authorized officer or employee $$	P./Asst. Gen. Mgr.		
Telephone number of authorized officer or employee: (9	07,675 4311,ext.		
613004 Sludy Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	6/30/2012	Mark Constitution
Persons willfully making false statements on this 503(b), or fine or imp	form can be punished by fine or forfeiture under prisonment under Title 18 of the United States Co		l of 1934, 47 U.S.C. §§ 502,